

United States Bankruptcy Court  
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box  
(Houston Division)

PROOF OF CLAIM

Name of Debtors  <input type="checkbox"/> Stage Stores, Inc., a Delaware corporation <input type="checkbox"/> Specialty Retailers, Inc., a Texas corporation <input type="checkbox"/> Specialty Retailers, Inc. (NV), a Nevada corporation  *place an "x" beside the name of the Debtor you are filing a claim against		Case Number  00-35078-H2-11 00-35079-H2-11 00-35080-H2-11	Creditor ID#: 788-35764 United States Bankruptcy Court Southern District of Texas FILED  <b>JUL 03 2000</b>  Michael N. Milby, Clerk
Name of Creditor (The person or other entity to whom the debtor owes money or property):  Ksjl Radio Clear Channel Radio, Inc	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.		
Name and address where notices should be sent:  *****ALL FOR AADC 780 Ksjl Radio Clear Channel Radio, Inc 6222 N.W. Interstate 10 San Antonio TX 78201  	<input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Account or other number by which creditor identifies debtor:  7050	Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____		
<b>1. Basis for Claim</b> <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Radio Advertising</u>		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your SS#: _____ Unpaid compensation for services performed from _____ (date) to _____ (date)	
<b>2. Date debt was incurred:</b> <u>MAY 2000</u>		<b>3. If court judgment, date obtained:</b>	
<b>4. Total Amount of Claim at Time Case Filed:</b> \$ <u>183.60</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.			
<b>5. Secured Claim.</b> <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).  Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other All personal and intangible property of Debtor's Estate  Value of Collateral: \$ _____  Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		<b>6. Unsecured Priority Claim.</b> <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions (up to \$4,300), * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) - _____. *Amounts are subject to adjustment on 4/1/98 and every 3-years thereafter with respect to cases commenced on or after the date of adjustment.	
<b>7. Credits:</b> - The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		This Space Is for Court Use Only	
<b>8. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
<b>9. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date  <u>6/30/00</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Mereda Smith, Business Manager</u>		1069
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.			



# CLEAR CHANNEL RADIO, INC.

## SAN ANTONIO

### INVOICE

INVOICE AND  
AFFIDAVIT NO.

53040

6222 N.W. Interstate 10  
San Antonio, Texas 78201  
(210) 736-9700  
Fax (210) 735-8811

DATE 5/21/00

PAGE 1

RRP 3

THIS INVOICE IS FOR:

TO: REYNOLDS MEDIA SVCS ( 63530) KSJLA-F  
2425 FOUNTAIN VIEW STE 355  
HOUSTON TEXAS 77057

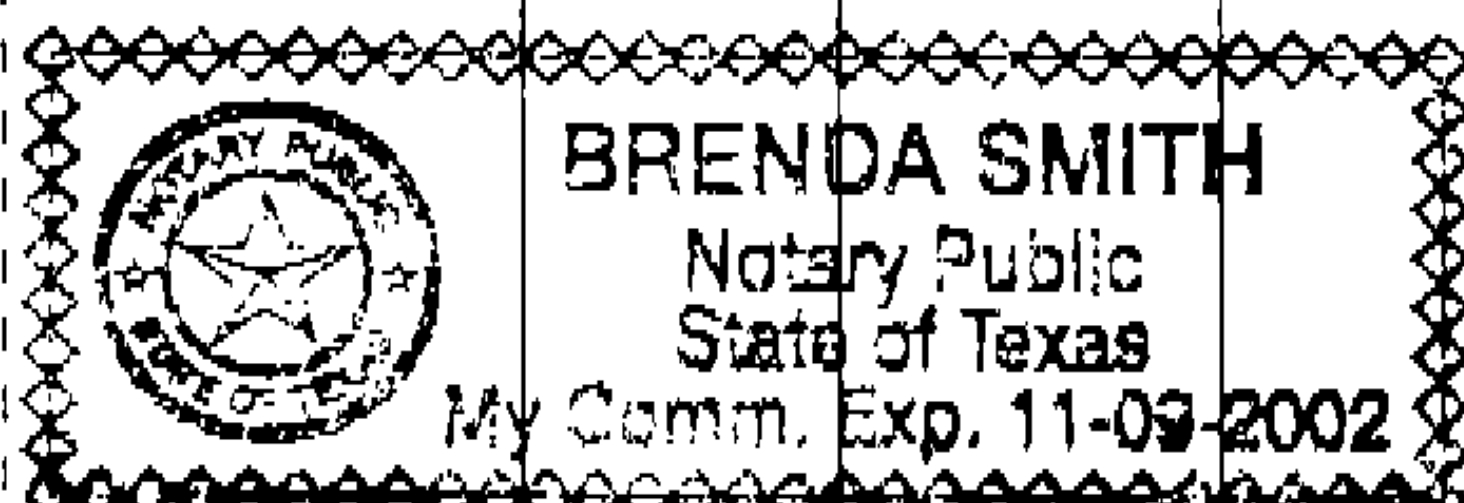
ACCOUNT: BEALLS DEPT STORE ( 7050)  
ONE DAY SALE 9249

SALESMAN: JULIE GALVAN 46 (S)

TERMS:

DAY	DATE	CLASS	LENGTH	RATE CARD	ACTUAL TIME	RATES
WE	5/17		60		3:32P B050A60R	20.00
WE	5/17		30		4:47P TRAFFIC	.00
TH	5/18		60		5:28A B050G60R	.00
TH	5/18		60		7:45A B050G60R	25.00
TH	5/18		60		8:43A B050G60R	25.00
TH	5/18		60		9:48A B050G60R	25.00
TH	5/18		60		10:48A B050G60R	27.00
TH	5/18		60		11:49A B050G60R	.00
TH	5/18		60		12:17P B050G60R	.00
TH	5/18		60		1:20P B050G60R	27.00
TH	5/18		60		2:48P B050G60R	27.00
TH	5/18		60		3:48P B050G60R	20.00
TH	5/18		60		4:49P B050G60R	20.00

NOTARIZED AFFIDAVITS REQUIRED  
PAYABLE UPON RECEIPT OF INVOICE  
MINIMUM 14 DAY WRITTEN CANCELLATION POLICY  
KSJL THANKS YOU FOR YOUR BUSINESS!



*Brenda Smith*

TOTAL SPOTS 13  
TOTAL GROSS 216.00  
LESS AGENCY COMMISSION 32.40  
PAY THIS AMOUNT 183.60